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SIGNATURE OF INTERVIEWEE

SIGNATURE OF INTERVIEWER

DATE

DATE

ADDRESS

ADDRESS

EMAIL

EMAIL

PHONE

PHONE

Temporary Access Restrictions (Only fill this section out if you are placing temporary access restriction)

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SIGNATURE OF INTERVIEWEE (#2)

SIGNATURE OF INTERVIEWER (#2)

DATE

DATE

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PHOTOGRAPHER / VIDEOGRAPHER

I _____ (DONOR: the photographer/videographer) hereby, give, donate, and convey to the University of Kentucky Libraries Louie B. Nunn Center for Oral History (DONEE) photographs or moving images associated with this interview. This gift is unrestricted.

SIGNATURE

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